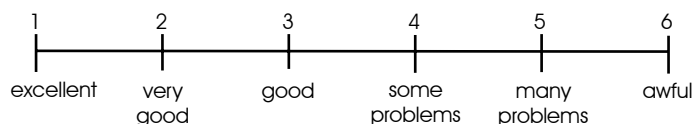


Take a walk and use this checklist to rate your neighborhood's walkability.

# How walkable is your community?



## Rating Scale:



## Location of your walk

From \_\_\_\_\_

To \_\_\_\_\_

### 1. Did you have room to walk?

There were sidewalks, paths, or shoulders Yes ☐ No ☐

Sidewalk started and stopped Yes ☐ No ☐

Sidewalks were broken or cracked Yes ☐ No ☐

Sidewalks were blocked with poles, signs, shrubbery, dumpster, etc. Yes ☐ No ☐

Too much traffic Yes ☐ No ☐

Something else? \_\_\_\_\_

Locations of problems \_\_\_\_\_

Rating (circle one): 1 2 3 4 5 6

### 2. Was it easy to cross streets?

There were crosswalks and walk/don't walk signals Yes ☐ No ☐

Road was too wide Yes ☐ No ☐

Timing on walk signal was long enough Yes ☐ No ☐

Parked cars blocked our view of traffic Yes ☐ No ☐

Trees or plants blocked our view of traffic Yes ☐ No ☐

There were curb ramps in good repair Yes ☐ No ☐

Something else? \_\_\_\_\_

Locations of problems \_\_\_\_\_

Rating (circle one): 1 2 3 4 5 6

### 3. Did drivers behave well?

Looked before backing out Yes ☐ No ☐

Yielded to people crossing the street Yes ☐ No ☐

Turned into crosswalk when people were crossing Yes ☐ No ☐

Drove slowly Yes ☐ No ☐

Sped up to make it through traffic lights or drove through red lights Yes ☐ No ☐

Something else? \_\_\_\_\_

Locations of problems \_\_\_\_\_

Rating (circle one): 1 2 3 4 5 6

### 4. Was it easy to follow safety rules? Could you ...

Cross at crosswalks where you could see and be seen by drivers? Yes ☐ No ☐

Easily see both directions before crossing streets? Yes ☐ No ☐

Walk on sidewalks or shoulders facing traffic where there were no sidewalks? Yes ☐ No ☐

Cross with the light? Yes ☐ No ☐

Something else? \_\_\_\_\_

Locations of problems \_\_\_\_\_

Rating (circle one): 1 2 3 4 5 6

### 5. Was your walk pleasant?

Some unpleasant things Yes ☐ No ☐

Needed more grass, flowers, trees, or interesting sights Yes ☐ No ☐

Scary dogs Yes ☐ No ☐

There was good lighting Yes ☐ No ☐

Clean, little litter Yes ☐ No ☐

Something else? \_\_\_\_\_

Locations of problems \_\_\_\_\_

Rating (circle one): 1 2 3 4 5 6

# Where do you walk/want to walk?

Describe where you would like to go in your neighborhood and how you feel when walking to and from these places.

☒ Create a Summary Map

1. Draw the most important destinations and walking routes on a map in BLUE.
2. Pick the most important positive and negative things about where you walk, and add them to your summary map in GREEN.

☒ Walking Wishes

Now that you have reviewed and summarized your work, think about the five most important changes you would like to see in your neighborhood. Write down five specific "walking wishes" in the space provided below.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**Name of Neighborhood:** \_\_\_\_\_

**Boundaries:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Thank you for letting the City know what you think about improving walkability in Lincoln! You can use survey results to help justify requests for resources needed for important improvements in your neighborhood.

Return Survey to:

Lincoln/Lancaster County Planning Department

555 S. 10th Street, Suite 213

Lincoln, NE 68508

402-441-7491

[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)



**LINCOLN WALKABILITY PLAN**  
**Neighborhood Walking Survey**